



DEPARTMENT OF EMPLOYEE RELATIONS  
TRAINING & EXPERIENCE QUESTIONNAIRE FOR  
**SENIOR AUDITOR**

**Any format modification made to this document will result in immediate rejection.**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

EVENING PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WE URGE YOU TO MAKE COPIES OF ALL APPLICATION MATERIALS YOU SUBMIT

**Important:** A resume is not a substitute for this questionnaire. This questionnaire is an important part of the selection process. The information provided is subject to verification and will be used to assist in selecting the most qualified candidates. Credit will not be given for incomplete or incorrect information; and falsification of this form may result in disqualification or removal from a City position. Please type or use **BLACK INK** (required for reproduction purposes).

SUBMIT WITH APPLICATION FORM TO:

City of Milwaukee  
Department of Employee Relations  
200 East Wells Street, Room 706  
Milwaukee, WI 53202-3554

Transcripts and certificates must accompany this Training and Experience Questionnaire.

READ CAREFULLY BEFORE SIGNING: The answers to this questionnaire are true and complete to the best of my knowledge. I understand that falsification of this questionnaire may result in disqualification or removal from a City position.

**YOU MUST SIGN AND DATE THIS FORM**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Office Use Only--ID# \_\_\_\_\_)

**I. EDUCATION AND TRAINING****A. Bachelor's Degree:** YES \_\_\_\_ NO \_\_\_\_ Month and Year Earned: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Name and address of College or University attended:  
\_\_\_\_\_  
\_\_\_\_\_**B. Master's Degree:** YES \_\_\_\_ NO \_\_\_\_ Month and Year Earned: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Thesis or Special Emphasis: \_\_\_\_\_

Name and address of College or University attended:  
\_\_\_\_\_  
\_\_\_\_\_**C. List any training programs, workshops, or seminars you have completed which may be relevant to this position.** (Attach additional pages using same format if more space is necessary.)

| PROGRAM OR SEMINAR<br>TITLE | PROGRAM SPONSORED<br>BY | DATE(S) ATTENDED | CREDITS |
|-----------------------------|-------------------------|------------------|---------|
|                             |                         |                  |         |
|                             |                         |                  |         |
|                             |                         |                  |         |
|                             |                         |                  |         |

**D. Professional Certifications**Are you certified as a Certified Internal Auditor? YES \_\_\_\_ NO \_\_\_\_  
Date Received: \_\_\_\_\_ Certificate No. \_\_\_\_\_Are you certified as a Certified Public Accountant? YES \_\_\_\_ NO \_\_\_\_  
Date Received: \_\_\_\_\_ Certificate No. \_\_\_\_\_

State \_\_\_\_\_

Do you hold any other professional certifications? YES \_\_\_\_ NO \_\_\_\_

If yes, list certification, certificate number and date received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. EXPERIENCE**

List your previous work experience starting with your present job. (If necessary, attach additional sheets using the same format)

**A. Present Employer**

1. Title \_\_\_\_\_
2. From \_\_\_\_\_ To \_\_\_\_\_ Hours per week \_\_\_\_\_  
(Month/year) (Month/year)
3. Annual Salary: \_\_\_\_\_
4. Employer \_\_\_\_\_
5. Address \_\_\_\_\_
6. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. Supervisor's Name and Title \_\_\_\_\_
8. List and briefly describe the major duties you perform in this job and the approximate percentage of time performing each duty.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Briefly describe your most challenging and/or creative audit or other assignment with this employer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Previous Employer**

1. Title \_\_\_\_\_
2. From \_\_\_\_\_ To \_\_\_\_\_ Hours per week \_\_\_\_\_  
(Month/year) (Month/year)
3. Annual Salary: \_\_\_\_\_
4. Employer \_\_\_\_\_
5. Address \_\_\_\_\_
6. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. Supervisor's Name and Title \_\_\_\_\_

8. List and briefly describe the major duties you perform in this job and the approximate percentage of time performing each duty.

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9. Briefly describe your most challenging and/or creative audit or other assignment with this employer

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**C. Previous Employer**

1. Title \_\_\_\_\_
2. From \_\_\_\_\_ To \_\_\_\_\_ Hours per week \_\_\_\_\_  
(Month/year) (Month/year)
3. Annual Salary: \_\_\_\_\_
4. Employer \_\_\_\_\_
5. Address \_\_\_\_\_
6. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. Supervisor's Name and Title \_\_\_\_\_
8. List and briefly describe the major duties you perform in this job and the approximate percentage of time performing each duty.

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9. Briefly describe your most challenging and/or creative audit or other assignment with this employer

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**III. Related Experience**

Please describe your specific experience in each of the following areas. For each experience described, please identify the employer where this experience was gained and the amount of the experience. (Attach additional pages if more space is necessary.)

- A. Describe your experience performing internal control reviews.

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- B. Describe your experience performing compliance audits.

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- C. Describe your experience performing audits of economy, efficiency and program results.

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- D. Describe your experience producing written audit reports and verbally presenting your audit results.

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IV. Briefly add anything else not covered above that you feel will add to your qualifications.

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